

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000096850 (9)**

1. Corporation Name

BEMA ENTERTAINMENT GROUP, INC.



Principal Place of Business 14375 MYERLAKE CIRCLE CLEARWATER FL 34620	Mailing Address 14375 MYERLAKE CIRCLE CLEARWATER FL 34620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13773 ICOT BLVD Suite, Apt. #, etc. 22 SUITE 505 City & State 23 CLEARWATER, FLORIDA Zip 24 33760		2a. Mailing Address 26 13773 ICOT BLVD Suite, Apt. #, etc. 27 SUITE 505 City & State 28 CLEARWATER, FLORIDA Zip 29 33760		3. Date Incorporated or Qualified 12/25/1995	
Country 25 PINELLAS		Country 30 PINELLAS		4. FEI Number 59-3352325 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent ARNOLD, STUART 14375 MYERLAKE CIRCLE CLEARWATER FL 34620				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 13773 ICOT BLVD., SUITE 505	
				83	
				84 City CLEARWATER	
				FL 85 Zip Code 33760	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, STUART			1.2 NAME			
STREET ADDRESS	14375 MYERLAKE CIRCLE			1.3 STREET ADDRESS	13773 ICOT BLVD, SUITE 505		
CITY-ST-ZIP	CLEARWATER FL 34620			1.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33760		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBS, KEITH			2.2 NAME			
STREET ADDRESS	10122 WINSFORD OAK BLVD., #409			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

x2/24/98

CR2E034 (10/97)